

authorize \$6 million within the total of \$11.4 billion authorized for the Defense Health Program in FY2001 to carry out these demonstration programs. The Armed Services Committee believes that these two models have the potential to improve significantly the delivery of health care in the military medical system.

I would like to ask the distinguished managers of the bill if the FY2001 Department of Defense Appropriations Bill currently before the Senate includes the resources in the Defense Health Program to conduct the health care management demonstration program directed by section 740 of S. 2549?

Mr. STEVENS. I support the health care demonstration program directed by section 740 of S. 2549, and I assure my good friend from Michigan that the FY2001 Department of Defense appropriations bill before the Senate includes sufficient funding in the Defense Health Program to carry out this important effort.

Mr. INOUE. I agree with the chairman of the Appropriations Committee, and I thank the Senator from Michigan for bringing this matter to our attention.

MORNING BUSINESS

Mr. STEVENS. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING THE 50TH ANNIVERSARY OF JOHN AND SHARON ROESSER

Mr. LOTT. Mr. President, I rise today to honor John and Sharon Roesser of Encino, California who celebrated their 50th wedding anniversary on Saturday, June 20, 2000.

After serving in the First Marine Division in the Pacific and near the China/Manchuria border during and immediately after World War II, John attended Loyola University in Los Angeles. John met Sharon, who was attending Immaculate Heart College, at a dance in the fall of 1948.

A year and a half later on a blistering hot day, June 10, 1950, John and Sharon were married in the original Saint Mary's Church in El Centro, California by the Most Reverend Charles S. Buddy who was the first Bishop of the San Diego Diocese. Sharon's maid of honor was her sister Patricia, and John's best man was Paul Connor. After their honeymoon at the Hotel Del Coronado, John and Sharon lived in Santa Monica and then settled in Encino, California where they raised their six children: Regina, John Jr., Allison, Paul, Mary Carol, and Tom. At last count, John and Sharon have 16 grandchildren.

Today, I honor John and Sharon's 50 years of marriage and their commit-

ment to raising their children in a loving and caring household. Since their marriage, they have always been there for each other and for each of their children through the best of times and the most difficult of times. They are an example of all that is good in America, and I wish them all the best in the years to come.

BREAST AND CERVICAL CANCER TREATMENT ACT

Ms. COLLINS. Mr. President, breast cancer is second only to lung cancer as a cause of cancer-related deaths among American women. This year, an estimated 182,800 new cases of breast cancer will be diagnosed and 40,800 women will die of this terrible disease. In addition, an estimated 12,800 new cases of cervical cancer will be diagnosed this year, and 4,600 American women will die of this disease. Many of these deaths could be avoided by making sure that cancer detection and treatment services are readily available to all women at risk.

Early detection is currently the best way to combat breast and cervical cancer. If women age 50 and over obtain regular screening for breast cancer, up to 30 percent of breast cancer deaths could be prevented. Moreover, virtually all cervical cancer deaths could be prevented through regular screening.

In recognition of the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which established the Centers for Disease Control and Prevention's (CDC's) National Breast and Cervical Cancer Early Detection Program. This important program has provided over two million screening tests to low-income and underserved women in all 50 States since its inception, and over 6,000 cases of breast cancer and over 500 cases of invasive cervical cancer have been diagnosed. In Maine, more than 8,300 women have been screened and 28 cases of breast cancer and 12 cases of cervical cancer have been detected through this program.

As one Maine woman observed:

This screening program was an answered prayer. I had been concerned about having to skip checkups lately, but there was no way to come up with the money anytime soon. I will gladly tell all of my friends about this and will gladly return for follow-up.

The National Breast and Cervical Cancer Early Detection Program has provided cancer screening services to more than one million low-income American women who, like the woman from Maine, otherwise might not have been able to have these critically important tests. Unfortunately, however, the program does not currently pay for treatment services for women with abnormal screening results. Since the National Breast and Cervical Cancer Early Detection Program is targeted to low-income women, many do not have health insurance and many more are underinsured. While States partici-

pating in the program have been diligent and creative in finding treatment services for these women, a study done for CDC found that, while treatment was eventually found for almost all of the women screened, some women did not get treated at all, some refused treatment, and some experienced delay.

Screening must be coupled with treatment if it is to save lives. As we approach the 10th anniversary of the enactment of the Breast and Cervical Cancer Mortality Act, it is time for Congress to complete what it started by enacting legislation to ensure that women diagnosed with breast or cervical cancer through the screening program will have coverage for their treatment. That is why I am pleased to be a cosponsor of S. 662, the Breast and Cervical Cancer Treatment Act, which would give States the option of providing Medicaid coverage for the duration of breast and cervical cancer treatment to eligible women who were screened and diagnosed through the CDC program. This legislation is not a mandate for States. It simply lets States know that, if they do decide to provide treatment services for these women, the Federal Government will be there to help with an enhanced Federal Medicaid match for these services.

Mr. President, S. 662 has strong bipartisan support with 66 Senate cosponsors. Moreover, last month the House of Representatives overwhelmingly passed similar legislation. I want to commend the Senate Finance Committee chairman and the Senate majority leader for making a commitment to move this legislation this year, and I urge them to schedule committee action and Senate floor time soon so that S. 662 can be signed into law this summer. There would be no better way to celebrate the 10th anniversary of the National Breast and Cervical Cancer Early Detection Program in August than by enacting this important bill to provide the treatment necessary to save the lives of the women who are screened and diagnosed with cancer through this program.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business Friday, June 9, 2000, the Federal debt stood at \$5,645,113,216,631.00 (Five trillion, six hundred forty-five billion, one hundred thirteen million, two hundred sixteen thousand, six hundred and thirty-one dollars).

One year ago, June 9, 1999, the Federal debt stood at \$5,604,849,000,000 (Five trillion, six hundred four billion, eight hundred forty-nine million).

Five years ago, June 9, 1995, the Federal debt stood at \$4,899,367,000,000 (Four trillion, eight hundred ninety-nine billion, three hundred sixty-seven million).

Twenty-five years ago, June 9, 1975, the Federal debt stood at \$526,170,000,000 (Five hundred twenty-